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ABSTRACT

Demand for nurses is soaring to unprecedented levels while a variety of factors are limiting the number of available nurses. Some facts and figures related to the shortage are as follows: Indiana's per capita nurse employment decreased 2.4% between 1996 and 2000; the percentage of nurses under 30 decreased from 26% in 1980 to 9% in 2000; 1 in 5 nurses plans to retire by 2006; between 2000 and 2030 the core of the nurse workforce is expected to remain unchanged while the population aged 65 and older will double; the number of registered nurses (RNs) not employed in nursing increased by 28% between 1992 and 2000; in a 2001 study of 43,000 nurses, more than 40% of respondents working in United States hospitals reported dissatisfaction with their jobs and only 34% reported that there were enough RNs to provide high-quality care in the facility where they worked; and nursing schools turned away*5,823 qualified applicants in 2000-2001 due to insufficient numbers of faculty, clinical sites, classroom space, and budgets. Some possible solutions to the shortage include the following: attracting back licensed nurses who are not active; creating work environments that attract and retain nurses; improving diversity within the profession; attracting new nursing students who already have a college degree; and enhancing the nursing image. (Contains contact information of participants.) (MO)

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Where Are All the Nurses?

Demographics, Defections Lead to Severe Shortage

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

By Tom Schuman

Supply and demand is a fairly basic business concept. When demand for a product increases, companies producing that item find ways to increase the supply. When demand wanes, a decrease in production typically follows.

The correlation becomes a bit more complicated when discussing a less tangible resource such as human capital. A number of factors come into play when trying to meet a demand for additional services or personnel. There are rarely adequate short-term solutions to cultivating a supply of properly trained workers.

Such occurrences are not uncommon in the nursing profession. The current shortage, however, is not the same as those experienced in the past. Demand is soaring to unprecedented levels, while a variety of factors are limiting the number of available nurses.

The consequences are wide ranging – from the obvious individual health care implications to impacting business, industry and communities at large.

Here to discuss the nursing shortage and what can be done to alleviate it are:

Participants

Sharon Farley, executive associate dean for academic affairs at the Indiana University School of Nursing (Indianapolis campus)

Sandra Fights, a nursing educator in Lafayette and president of the Indiana State Nurses Association

Doreen Johnson, vice president & chief nursing officer for Ball Memorial Hospital in Muncie

Ernest Klein, executive director of the Indiana State Nurses Association

Defining the problem

Make a visit to a hospital or other health care facility and there's no doubt that additional nurses would be a welcome sight. The full extent of the situation, however, remains unclear.

"There is no simple collection of data," says Klein, describing a 1997 survey that due to a lack of funding wasn't published until 2001. A follow-up survey in 2001 has not been released yet. "The good news is that the Health Professions Bureau (the state agency that licenses nurses and other health professionals) has gone online and will have the ability to do these surveys."

The reasons for the shortage are much more obvious.

"The horizon for where nurses work now has increased," Farley notes, with needs in many places beyond hospitals. "We need to think about that growing as our population gets older, and they'll want to stay in their homes."

In addition to hospitals, nurses now typically work in home health agencies, extended care facilities, physician's offices, health clinics, hospice agencies, insurance companies, provider associations, managed care companies and industry.

Fights recalls starting her career, working with another nurse to take care of 16 patients and "not thinking anything about it." They were busy and worked hard, but safety wasn't a factor. A number of those patients were in the hospital for tests and other fairly routine procedures.

"The nurses I've talked to," she adds, "say sometimes it's not the number of patients they have. It's what we call the acuity level or how sick the patients are," a factor that has risen dramatically.

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Johnson points out the number of procedures that have been moved to an outpatient setting. Those patients remaining in the hospital are there "because they require nursing care to help in the healing process and to assist them in their recovery."

The number of licensed nurses fails to match the number of working nurses. The 1997 survey revealed that 24% of licensees were not working in the profession. Heavy workloads and pay that barely kept pace with inflation during the 1990s are contributing factors.

Educator shortfall

Nursing school applicants have actually increased in recent years. Some qualified students have been turned away for university personnel or financial reasons.

"It is not the same shortage. We have an increasing number of older people, and we have a decreasing number of people coming into the profession."

– Ernest Klein
Indiana State Nurses Association

"The faculty shortage is acute and it's going to get worse. The other (reason) is lack of support of higher education, and we can't afford the numbers," Farley asserts. "When you see the shortage addressed, it's, 'How are we going to produce more nurses?' Part of that producing is having the faculty to produce them."

Farley says the average age of nursing faculty is 51. At IUPUI, the average assistant professor (not just nursing) is 52 and the average professor 59 years of age.

"We're getting old. Our challenge in nursing is to get people into the faculty role quicker," she adds. While chemists or those in other professions often pursue advanced degrees immediately and are ready to teach or do research by their late '20s, the time frame for nurses is often pushed back into the '30s or early '40s.

In addition to the lack of faculty are the requirements for smaller classes and hands-on learning experiences.

"Nursing education is expensive because they have small ratios for their clinical education," Klein observes. "A chemistry class could have 100, 150 in a class. But for the clinical, you need a ratio of one in 10, or maybe less than that in some of the specialty clinics."

Fights was an exception to the rule, starting her master's program within a year of receiving her bachelor's degree and teaching less than a year after that. The job prospects, however, for women (who make up 96% of Indiana's registered nurses) are much more numerous now.

"The opportunities for women that have expanded into all areas of the industry make it highly competitive to get more graduates into programming," she says. "When they look long term, they're looking outside of the educational arena because we all know educators don't make any money."

Farley says it's not uncommon for 100 to 150 applicants to seek a chemistry or math position at Indiana University. If she receives three serious inquiries, she's happy.

"We know it's bad. We don't need any more statistics. We're trying to think of creative ways of working between service and education to address it. We have to continue to look at the optimistic side because we know it's bad."

Bad, Johnson says, not only in Indiana, but across the United States and even internationally. Some organizations are going as far as attempting to recruit nurses from other countries.

Possible solutions

Attracting back some of that 24% of licensed nurses who are not active would be a start. The problem, Klein indicates, is that it's unknown how many of those nurses have retired or moved on to other professions. The number itself may not be a true indicator.

"Most people who have obtained a nursing degree take great pride in that," Johnson declares. "It is such an achievement and an accomplishment to have become a nurse, and most of us take great pride in it, that most nurses remain licensed until they die."

(Or beyond. Fights heard of a man in Illinois who sent a letter to the state's Department of Nursing to renew his wife's license – even though she had passed away. Edna would have wanted to me do this, he wrote).

Although nursing is "plain old hard work," Johnson says organizations are looking at ways to make it less physically taxing in an effort to keep older nurses in the workforce. Other programs are focused at recruiting experienced nurses at all age levels.

A re-entry program at Johnson County Hospital, Klein notes, helps nurses "readjust to the new work environment, the new technology, the new medications, the new lab tests. It's helping to recruit and bring some people back into the workforce because they're providing a safe environment; they're providing mentorship."

Just as in any other profession, work environment is crucial. Farley says several Indianapolis area facilities are working to attain magnet status, a rigorous process that results in developing a workplace that serves as a magnet – attracting people to come and stay.

"It is creating an atmosphere for nurses to want to be there," Farley explains, "where they feel that they're allowed to do decision making, where the environment is built for them to be able to work the best way that they can." She says nursing schools can produce all the graduates needed and more, "but if they don't want to continue in the profession, then we've lost."

"When you see the shortage addressed, it's, 'How are we going to produce more nurses?' Part of that producing is having the faculty to produce them."

– Sharon Farley
Indiana University School of Nursing

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"Counselors started pushing people away from nursing. We may have lost some of the best and brightest. My hope is that some of those best and brightest are people who are now coming back."

Sandra Fights
Indiana State Nurses Association

Another focus is on improving the diversity within the profession, not only adding more males, but Hispanics and African-Americans to help the nursing population reflect the people they are caring for.

Attracting people with another degree to enter nursing also shows promise. The maturity and motivation these students (participating in an accelerated nursing program) bring is drawing strong reviews from faculty and facilty administrators.

Closer ties between what Farley calls the service (hospitals and others in health care delivery) and education sides of the business are proving beneficial. Second-degree students are receiving financial assistance, and educators are getting a boost to their depleted ranks.

"They're trying to have a pool of faculty, well-qualified people from their institutions that we can draw from," she comments.

Ball Memorial Hospital is trying to enhance the nursing image. Although Fights says recent surveys show the patient trust for nurses remains, it's never too early to try and attract the nurses of the future.

There have been discussions of a permanent exhibit on health careers at the Muncie Children's Museum and including a nursing component in the community's Youth Academy for Leadership.

Johnson says, "We are trying to find creative partnerships to solve the immediate problems, as well as making the nursing profession attractive and improving the image of the nurse."

Past shortages

The health care industry has not helped itself during previous nursing shortages. In each of the previous two decades, cost-cutting measures included nursing reductions – often those with the most experience (and higher salaries) were let go or moved on voluntarily.

A byproduct was a decreased emphasis on nursing from high school counselors and others advising young people on career choices.

"Counselors started pushing people away from nursing," Fights contends. "We may have lost some of the best and brightest. My hope is that some of those best and brightest are people who are now coming back."

Although the staffing shortages have been cyclical, there is no denying that the current crisis is different. Some projections put the number of open nursing positions as high as one million by the year 2020.

"It is not the same shortage," Klein confirms. "We have an increasing number of older people, and we have a decreasing number of people coming into the profession. We're still generating and graduating a lot of people, but they're expanding into home health care and assisted living. There's going to be a greater population and our pool is less."

Unlike previous generations in which many workers stayed with the same employer for much of their career, today's workforce changes career paths three or four times within their working life. Farley says it is important to show these people that they can re-energize their careers while remaining in the nursing profession.

Potential help was on the way last year when President Bush signed the Nurse Reinvestment Act. The wide-ranging legislations calls for scholarships at various levels, funds to help attract and keep people in the faculty positions, grants to promote the magnet concept, monies for partnerships between service and education and more. Congress did not appropriate funds, however, so the effort is under way again this year to make it a reality.

"It is those judgment calls that take the good nurse to the great nurse. It is clinical judgment, critical thinking skills that are the hallmark of excellence in nursing."

Doreen Johnson
Ball Memorial Hospital

Klein, along with other organization leaders, focuses on legislative efforts at the state level. He says the Indiana Hospital & Health Association is "trying to get the word out that health care is an economic development issue in the state."

Farley notes that public/state appropriations only cover 40% of the cost for IU School of Nursing students. Add in tuition and that number increases to just 55%.

"The way we survive is by the money we bring in other ways, through grants and contracts," she details,

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expressing concern about the stagnant or decreasing state support. There will be pressure on universities to increase their numbers, but can they comply with the reduced resources?

Critical role

Nurses face on-the-job challenges physically, mentally, emotionally and spiritually – both personally and with their patients. It takes clinical skills and the ability to relate to and comfort patients and families in often difficult situations.

Johnson says, "The critical judgment skills that go along with all of the technical knowledge and information knowledge … it is those judgment calls that take the good nurse to the great nurse. It is clinical judgment, critical thinking skills that are the hallmark of excellence in nursing."

She takes the battle to keep nurses in the field to the personal level.

"I think, 'Who's going to care for me when I need help?' " Johnson asks. "I haven't really had much of an opportunity to consume health care, but as we age that opportunity arises and it makes you wonder: Who's going to be there to care for us?"

Creating that proper environment to attract and retain nurses is so important, according to Fights. There are excellent nurses of all ages, but just as in other professions, experience adds another element to the mix.

Of the nurse who has been at the bedside for 20 years, Fights states, "That's the person I want taking care of me. They've seen it come; they've seen it go. They know the ins and outs. They know the physicians; they know health care; and those are the nurses that are leaving today, not because they're being laid off, because they just can't take it anymore."

Past nursing shortages were recognized as short-term dilemmas. Not so today.

"You knew there was light at the end of the tunnel and it was going to get better," Fights recalls. "Right now we're not seeing any light. Nurses know at this point that they're going to continue to be asked to do more with less. They're in that burnout, and it's going to take creative strategies (for effective change)."

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Nursing Shortage: Facts and Figures

- A decline in per capita nurse employment occurred in 26 states and the District of Columbia between 1996 and 2000. In that same time period, Indiana's per capita nurse employment decreased 2.4%
- On average there are 782 employed registered nurses per 100,000 population. Indiana is below the national average with 761 RNs per 100,000 people
- The percent of nurses under age 30 decreased from 26% in 1980 to 9% in 2000. In Indiana, 42.7% of RNs are 45 years of age or older
- One in five nurses plans to retire by 2006
- In Indiana, 95% of RNs are white and 96% are female
- The average salary for a full-time RN as of March 2000 was $46,781
- Between 2000 and 2030, the number of women between 23 and 54 years of age, who have traditionally formed the core of the nurse workforce, is expected to remain unchanged. The population age 65 and older will double during that time period
- The number of RNs not employed in nursing increased by 28% between 1992 and 2000
- The number of RN graduates decreased annually between 1995 and 2000, resulting in 26% fewer RN graduates in 2000 than in 1995
- In 2000, the average age for doctoral-prepared nursing professors was 53½
- About 7.5% of new male nurses leave the profession within four years of graduating from nursing school, compared with 4.1% of new female nurses
- In a 2001 multinational study of 43,000 nurses, more than 40% of respondents working in U.S. hospitals reported dissatisfaction with their jobs; only 34% reported that there were enough RNs to provide high-quality care in the facility where they work; 43% reported enough support services to get the work done; and 29% reported that their administration listens and responds to nurses' concerns
- Nursing schools turned away 5,823 qualified applicants (in 2000-2001) due to insufficient numbers of faculty, clinical sites, classroom space and budget constraints

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Looking ahead

Both Farley and Johnson say partnerships – exchanges of both money and resources – are developing as a result of the shortage. The joint ventures are not only working toward solutions, but also helping improve the image of the profession.

Asked to forecast ahead if this discussion was taking place again in five years, Farley says, "If I weren't positive, I wouldn't be able to keep moving on. I think I can be positive if we increase our diversity. I would like to see the number of men in nursing increase 15% to 20%. I would like to see the number of students we have from the Hispanic population increase threefold.

"I would like to see the legislature recognize the need to fund and partnership with education and services to improve this situation," she continues. "Churchill said that Americans always do the right thing after they've exhausted every other opportunity. I think we're about exhausted."

Johnson also has a strong "sense of hope because it's up to us to create that future."

Fights stays away from the positive label, but does envision some strong possibilities.

"I think success will happen if we can get the work environment turned around. For a long time in nursing some of the pay wasn't so great, but you left the facility knowing that you had impacted someone's life. A lot of us entered nursing to gain some of that.

"That gives you a certain amount of joy in your life. And I think there are a lot of nurses who are missing that joy right now."

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